

# Foster Family Home - Corrective Action Report

Provider ID: 1-560864

Home Name: Noralyne Cansana, CNA

Review ID: 1-560864-8

94-051 Nawaakoa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/14/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, 10/14/2020  
Compliance Manager

Noralyne P. Cansana  
Primary Care Giver

10/14/20  
Date